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Total Number of Pages in This Submission

Application Number	10/611,934
Filing Date	07/03/2003
First Named Inventor	Sadao KANBE
Art Unit	1711
Examiner Name	S. Raza

Attorney Docket Number 45360

ENCLOSURES (Check all that apply)				
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):		
<table border="1"> <tr> <td>Remarks</td> </tr> <tr> <td> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 18-2220. A duplicate copy of this sheet is attached. <input type="checkbox"/> Any additional excess claim fees under 37 C.F.R. § 1.16. <input type="checkbox"/> Any additional patent application processing fees under 37 C.F.R. § 1.17. </td> </tr> </table>			Remarks	The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 18-2220. A duplicate copy of this sheet is attached. <input type="checkbox"/> Any additional excess claim fees under 37 C.F.R. § 1.16. <input type="checkbox"/> Any additional patent application processing fees under 37 C.F.R. § 1.17.
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Roylance, Abrams, Berdo & Goodman, L.L.P. (Customer No. 001609)		
Signature			
Printed name	Garrett V. Davis		
Date	01/11/2007	Reg. No.	32,023

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of :
Sadao KANBE et al. : Art Unit: 1711
Serial No.: 10/611,934 : Examiner: S. Raza
Filed: July 3, 2003 :
For: MICROCAPSULE COMPOSITION :
FOR ELECTROPHORETIC DISPLAYS :

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the October 12, 2006 Office Action, please amend the above-identified application as follows.